

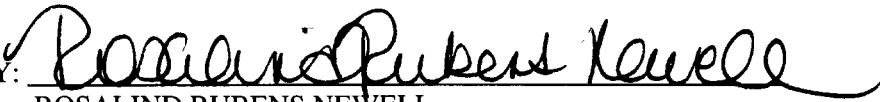
Entered - 10/09/00 - sb
CL - 00L0613 - GWENDOLYN BURNS

00- *R* -1837

CLAIM OF: Jennifer Jacoby
914 Collier Hills Road, #7316
Atlanta, Georgia 30318

For vehicular damages alleged to have been sustained when a tree fell
on claimant's car on June 19, 1999 at 960 North Highland Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0613

Date: November 2, 2000

Claimant /Victim JENNIFER JACOBY

BY: (Atty) (Ins. Co.) _____

Address: 914 Collier Hills Road, #7316, Atlanta, Georgia 30318

Subrogation: _____ Claim for Property damage \$ 1,919.63 Bodily Injury \$ _____

Date of Notice: 9/20/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 6/19/99 Place: 960 North Highland Avenue

Department PARKS, RECREATION & CULTURAL AFFAIRS Division PARKS

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that as she was driving down the street a tree, located on city property, fell on her vehicle causing damage. An investigation determined that the Parks Division has no record of receiving any complaint or of performing any type of tree work at the incident location. Furthermore, the claim as presented does not comply with the same requirements of notice as set forth in O.C.G.A. Section 36-33-5(b). The six month statute of limitation expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 11/02/00

Committee Action: _____ Council Action _____

BURNS
10/09/00
Dr

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 9-5-00

Dear Municipal Clerk:

US-10-00061:43 RCVD
ENTERED -10-9-00 - SB
00L0613 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1919.63 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 6/19/99 (month/day/year) 2. Police called: ☒ Yes ☐ No
3. Location of incident: 960 North Highland, Atlanta, GA
4. Name of your insurance company: USAA Policy No. 1020-40-31
5. State what and how incident occurred: A tree fell on the roof of my Fore-runner while driving down the road.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: Toyota 1999 656 LGE Jennifer Jacoby
(make) (year) (tag number) (driver's name)
- City vehicle: _____
(make) (City driver's name) (department/bureau)
8. Witness: Dave Bonsall 781 Adair Ave, Atlanta, GA 30306 770 972 9109
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Jennifer Jacoby
(claimant's name)
914 Collier Hills Rd. #7316
(address)
Atlanta, GA 30318
(city and state)
4043212637 4046038926
(work number) (home number)

00- R-1837